From: To: 2024429430 10/11/2008 03:28

PRINTED: 09/24/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 09G223 09/05/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6217 16TH STREET, NW **CMS** WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 000 W 000 **INITIAL COMMENTS** On August 18, 2008 at 2:46 PM the State Agency (SA) was notified via facsimile of an Unusual Incident Report (UIR) from the facility that revealed that on August 18, 2008, the House Manager was informed that Client #1 was discovered with a bruise on the right upper NT OF THE DISTRICT OF COLUMBIA shoulder (injury of unknown origin). The bruise DEPARTMENT OF HEALTH was measured 3 inches in length and 2 inches in HEALTH REGULATION ADMINISTRATION width. Due to the nature of the incident, an onsite 825 NORTH CAPITOL ST., N.E., 2ND FLOOR investigation was initiated on August 19, 2008 to WASHINGTON, D.C. 20002 examine the facility's incident management system and to assess the care/treatment of Client #1's injury. The investigation determined that staff failed to ensure that the injury to the client's shoulder was reported timely. Although the client had a one to one (1:1) staffing support twenty-four (24) hours a day, seven (7) days a week to assist with the management of maladaptive behaviors, the staff reportedly did not have any knowledge of the origin of the client's injury. Once the injury was discovered, on August 15, 2008, the 1:1 staff reported it 3 days later, on August 18, 2008. The investigation also determined that on the day the injury was discovered (August 15, 2008), the client had a behavioral episode and was manually/physically restrained. The behavior episode and intervention techniques used were not documented in the client's records as required by the Behavior Support Plan (BSP). Additionally, the investigation determined that the staff was not trained in the use of manual procedures/restraints. It should be noted that the facility's internal investigation suggested that the

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

frequency of the client's behaviors and injury of this kind could have been sustained during a

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#814 P. 002/039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
į.	09G223	B. WING	<del></del>	<b>I</b>	C 5/2008
NAME OF PROVIDER OR SUPPLIER	000220	.	TREET ADDRESS, CITY, STATE, ZIP ( 6217 16TH STREET, NW. WASHINGTON, DC 20012		57 <b>2.000</b>
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
notified the Qualified Professional (QMR facility failed to med requirements in the	nvestigation, the SA surveyor and Mental Retardation P) on August 19, 2008 that the	w oc	00		
interviews with 1:1 managerial staff. A on the review of the records, as well as records to include (W 104 483.410(a)(1) GOV	Also the findings were based a client's medical and clinical personnel and administrative unusual incident reports.	W 10	4 l. The staff receive training from the QM Residential Manager and procedure for in	RP and on the policy	
Based on observative record reviews, the provide general operations facility as evidence throughout this report of the findings included the findings incl	s not met as evidenced by: ions, staff interviews, and governing body failed to erating direction over the d by the deficiencies ort and the following. e: Body failed to ensure that it's re on incident management implemented as written. [See Body failed to implement fures to ensure that injuries of ed immediately to the the		agement.  2. In the future, in unknown source will immediately to the n istrators, and the s However, the staff ring on reporting injusted	be reported urse, admin- tate agency. eceived train	9/12/08 - 9/12/08

	T OF DEFICIENCIES. OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE S	
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NAME OF I	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO 5217 16TH STREET, NW WASHINGTON, DC 20012		
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W 104	nurse, administrator W153]  3. The Governing E that results of all inv the administrator or to other officials in a	ge 2 rs, and the state agency. [See Body facility failed to ensure restigations were reported to designated representative or accordance with State Law lays of the incident. [See	W 104	3. In the future, the of all investigations reported to the admir and other officials working days of the in 4. Continued, training provided to the staff	s will be nistrator within five noident.	9/12/08
	employee was provi			and procedures of job ities. 5. The one-to-one staf	responsibi	9/12/08
W 122	facility's nursing stat	ody failed to ensure that the f provided nursing services he needs of one of one client [See W331]	W 122	4	À ·	1 -
	The facility must ensprotections requirem	sure that specific client nents are met.		W155, W156, W193		10/30/08
- -	Based staff interview facility failed to ensu serious incidents [Se establish and impler policies that ensured safety [See W149]; that injuries of unknot facility's administrate as required [See W1 protect four of four c	not met as evidenced by: ys and record reviews, the re guardians were notified of ee W148]; the facility failed to nent its incident management I each client's health and he facility failed to ensure own origin are reported to the or and government agencies 53]; the facility failed to lients from further potential outcome of the investigation				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JETIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 122	all investigations to designated represed accordance with Standays of the incident failed to demonstrate	failed to report the results of the administrator or ntative or to other officials in ate Law within five working [See W156]; the facility staff	W 1	22		
W 148	in the failure of the f ensure his health ar 483.420(c)(6) COMI CLIENTS, PARENT The facility must not parents or guardian changes in the clien	MUNICATION WITH S &  tify promptly the client's of any significant incidents, or t's condition including, but not ness, accident, death, abuse,	W 1	<sup>48</sup> l. In the future, the Residential Manager wi Client#l's legal guard injury of unknown orig	ll notify ian of any	9/12/08
	Based on interview a failed to ensure gua incidents for Client # The findings include					
	review of the facility' August 19, 2008 at a revealed that Client notified of the injury shoulder.  A telephone interviee #1's guardian on Au	House Manager (HM) and sunusual incident reports on approximately 9:10 AM #1's legal guardian was of unknown origin to the right www. was conducted with Client agust 29, 2008 at AM. The guardian revealed				
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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СМЅ			. 6	REET ADDRESS, CITY, STATE, ZIP CODE 5217 16TH STREET, NW WASHINGTON, DC 20012			
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W 148	Continued From pa	ne 4	W 148	2. In the future, the QI	(DD) and		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	re of Client#1's injury to his	VV 140			i i	
•	right shoulder. The	guardian further revealed that		Residential Manager will			
	she had not receive	d any messages left on her		Client #1's legal guard:	ian of		
	voice mail receive	Client #1's injury. There was		any injuries immediately	7•	9/12/08	
	no evidence that Cli	ent #1's guardian was notified					
	immediately of the (	Client's injury of unknown.		<i>'</i>			
	·	Shelit's injury of attritionit.					
	NOTE: Although the	e unusual incident report				-	
	dated August 18, 20	008 indicated that verbal					
٠.	notification of the ini	ury was given to Client #1's				•	
	attorney, interview w	ith the HM revealed that the					
	attorney was not not	tified.					
				· .		_	
	<ol><li>Interview with Sta</li></ol>	aff #1 on August 20, 2008 at					
	approximately 3:00 I	PM revealed that Client #1		•		ĺ	
	had sustained an inj	ury to his forehead while	. 1	·			
	outside at approxima	ately 7:30 AM. Review of the				٠.	
	incident dated Augus	st 20, 2008 on August 22,		•	-		
	2008 revealed that (	Client #1 went to retrieve a	•				
	tennis ball that he wa	as playing with and hit his	1		•		
	accessed the injune	hicle. The Registered Nurse			-		
	bump to the foreboo	and determined that the d measured 2.5 cm in with					
	and 5 cm in length	The client was taken to the					
-	ER via the facility's v	ran. He was subsequently					
	treated and released	with a diagnosis of a "scalp			i		
	hematoma." Further	review of the incident report	,		·		
	revealed in the "verb	al notification" section that					
	Client #1's guardian	was notified on August 20,					
,	2008 at 6:00 PM.	3,		·			
	A telephone interviev	w was conducted with Client		• •			
1	#1's guardian on Au	gust 29, 2008 at		·			
	approximately 9:32 A	M. The guardian stated that			-		
	she was unaware of	Client #1's injury to his				·	
1	torehead. The guard	lian further stated that she					
	nad not received any	messages left on her voice	}		, [		
1	mail regarding Client	#1's injury. There was no					
	evidence that Client;	#1's guardian was notified				_	
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#814 P. 007/039

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		09G223	B. WING		C 09/05/2008
NAME OF I	PROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 6217 16TH STREET, NW WASHINGTON, DC 20012	
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W 148	Continued From page		W 148	3	
W 149	immediately of the ( 483.420(d)(1) STAF CLIENTS	Client's injury to his forehead. FTREATMENT OF	W 149		
	policies and procedu	velop and implement written ures that prohibit ct or abuse of the client.			
	Based on observation review, the facility fa	nt management policies that			
	The findings include			,	
	Agency (SA) was no Unusual Incident Re 2008. The UIR reve was informed that C a bruise on the right	2008 at 2:46 PM, the State tified via facsimile of an port (UIR) dated August 18, aled that the House Manager lient #1 was discovered with upper shoulder (injury of measured 3 inches in length 1.	·		
	on August 19, 2008 at a #1 informed him of C Interview with the HM internal investigation revealed that the bru client's 1:1 staff (Stafduring the evening (7 bruise was also obsemembers who failed	,			
	Review of the Incider	nt Management Policy (IMC)			

#814 P. 008/039

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A. BUILDING							(X3) DATE SURVEY COMPLETED		
		09G223	B, WI	<b>/</b> G_		<del></del>					09/0	5/2008	
NAME OF P	ROVIDER OR SUPPLIER			62	217 1	6TH ST	REET, I	STATE, ZI NW 20012	P CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG			(EACH	CORRI	S PLAN OF ECTIVE AC NCED TO DEFICIEN	TION SHO THE APP	OULD B		(X5) COMPLETION DATE	
W 149	approximately 3:40 following procedure	ge 6 , 2006 on August 20, 2008 at PM revealed that the s are to be followed once an rigin has been observed:	W			Cross and		erence	₩104	#1,	#2,	9/12/08	
	Any staff not reporti	24 hours a day by paging.  ng within a 24 hour period will  gent and can be grounds for			B	Cross	ref	erence	W104	#3		9/12/08	
	the Unusual Incident Concern Form.	ctions and document facts on t Report Form or Health	·										
	<ol><li>Notify the QMRP Evening/Night Mana</li></ol>	, Residential Manager, ager.											
		nce that the facility's ident management policy.								•			
·		staffing during all shifts s injury, but failed to report the	•			-		٠			٠.		
	completed and subr	to ensure investigations were nitted to the state agency as icy within five working days.	٠.		r								
	received by the Stat on August 26, 2008 investigation reveals Manager (HM) was at approximately 7:4 #1 was observed wi shoulder. The inter- on August 18, 2008.	ed that facility's House informed on August 18, 2008 15 AM by Staff #1 that Client th a bruise on his upper right hal investigation was initiated ation was completed due to									·		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			
	-	09G223	B. WING_		C 09/05/2008
NAME OF P	ROVIDER OR SUPPLIER		.   6	REET ADDRESS, CITY, STATE, ZIP CODE 1217 16TH STREET, NW NASHINGTON, DC 20012	05/06/2005
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETION
W 149	Continued From pa	ge 7	W 149	C. The nursing staff wi inservice training on th	
W 153	staff implemented accordance with its W331]	to ensure that it's nursing the Nursing Protocol in policy and procedures. [See FF TREATMENT OF		policy and procedure. In the primary nurse will m nursing documentation on	the future,
	mistreatment, negle injuries of unknown immediately to the a	sure that all allegations of ect or abuse, as well as source, are reported administrator or to other nce with State law through ures.		Staff will receive train reporting incidents. Al future all allegations of treatment, neglect, abuse as injuries of unknown of the reported immediately administration and state	so, in the f mis- es-as well rigin will to the
	Based on interview failed to ensure that reported to the facil government agencie	s not met as evidenced by: and record review, the facility t injuries of unknown origin are ity's administrator and es as required by DC IR Chapter 35 Section		icials.	10/10/08
	informed that Client bruise on the right u	B the House Manager was #1 was discovered with a apper shoulder (injury of t measured 3 inches in length			
	on August 19, 2008 August 18, 2008 at #1 informed him of Interview with the H internal investigation	acility's House Manager (HM) at 9:07 AM revealed that approximately 7:45 AM, Staff Client #1's bruise shoulder. M revealed that during the in initiated on August 18, 2008, uise was first observed by the			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLI				TÉD .
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 153 W 155	client's 1:1 on Augu (7:45 PM) shower, observed by two of to report the injury	ge 8 ust 15, 2008 during the evening The bruise was also her staff members who failed FF TREATMENT OF	W 1		In the future, staff will on leave immediately per		
	The facility must pr while the investigat	event further potential abuse ion is in progress.			outcome of an abuse, neg mistreatment investigati		9/12/08
	Based on interview failed to protect one potential injury pen-investigation. (Clie						
· .	informed that Clien bruise on the right unknown origin) that and 2 inches in wid	3 the House Manager was t #1 was discovered with a upper shoulder (injury of at measured 3 inches in length th.					
	on August 19, 2008 August 18, 2008 at #1 informed him of Interview with the h internal investigatio revealed that the br client's 1:1 staff (St during the evening the client's shower, Staff #2 in an atter was attempting to b did not report the be	acility's House Manager (HM) at 9:07 AM revealed that approximately 7:45 AM, Staff Client #1's bruise shoulder. IM revealed that during the n initiated on August 18, 2008, uise was first observed by the aff #2) on August 15, 2008 (7:45 PM) shower. Prior to the client was restrained by upt to "calm" the client as he pitte staff and peers. Staff #2 enavioral incident, the re used, or the injury that may					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		IPLE CONSTRUCTION	(X3) DATE S	
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NAME OF F	PROVIDER OR SUPPLIER			6	REET ADDRESS, CITY, STATE, ZIP COL 1217 16TH STREET, NW WASHINGTON, DC 20012		
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W 155	Continued From page have been sustained	ge 9 d from the behavioral episode.	W 1	155			
	on August 18, 2008 discovered). The s involved in the beha	de aware of the client's injury ( 3 days after it was first staff member, who was avior episode and who first y, continued to provide 1:1					
	supervision until Au Interview with the Q		·	,			
	Agency (SA) that sh placing Staff #2 on a findings of circumsta further revealed that	ne "was leaning back/forth on administrative leave given the antial evidence." The QMRP t Staff #2 failed to treat and/or o the nurse and management					
	approximately 2:50 I placed on administration outcome of the investigates was received via facsimil	MRP on August 21, 2008 at PM revealed that Staff #2 was ative leave pending the stigation. However, a letter le on August 23, 2008 by the					
		taff #2 was placed on effective August 22, 2008.					
	management staff p further potential injur	rotected Client #1 from ry.	W 1	56	Cross reference W104 #	3	9/12/08
	to the administrator	restigations must be reported or designated representative n accordance with State law ays of the incident.				. ,	
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPI ILDING		ISTRUCTI	ON		-			URVEY ETED
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W 156	This STANDARD is Based on interview failed to report the r the administrator or	s not met as evidenced by: and record review, the facility esults of all investigations to designated representative or accordance with State Law	W	156	-						•	
	The finding includes	ensure investigations were mitted to the administrator				-						
W 192	received by the Stat on August 26, 2008 investigation reveale Manager (HM) was at approximately 7:4 #1 was observed wit shoulder. The interr on August 18, 2008, whether the investig lack of signature and evidence to verify the notified of the results 483.430(e)(2) STAF	ed that facility's House informed on August 18, 2008 5 AM by Staff #1 that Client th a bruise on his upper right hal investigation was initiated it could not be determined ation was completed due to did date. There was also no at the administrator was of the investigation.  F TRAINING PROGRAM work with clients, training and competencies directed	W 1	92 Cr 5	ross	refer	ence	W104	#1,2,	,4, s	and	9/12/08
	Based on staff interv facility failed to ensu	not met as evidenced by: iew and record review, the re first aid treatment as need ies to the nursing personnel.				-						·

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE S COMPLI	
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W 192	Continued From pa	ge 11	W 1	92			
· .	an upper right shou	3, Client #1 was observed with der abrasion that measured sion appeared to be dry with e outer parameter.				· ,	
W 193	on August 19, 2008 August 18, 2008 at #1 informed him of Interview with the H internal investigation revealed that the broclient's 1:1 staff (Staduring the evening (the client's shower, Staff #2 in an attem was attempting to bid did not report the behavioral technique have been sustained 483.430(e)(3) STAF	at 9:07 AM revealed that approximately 7:45 AM, Staff Client #1's bruise shoulder. M revealed that during the n initiated on August 18, 2008, uise was first observed by the aff #2) on August 15, 2008 7:45 PM) shower. Prior to the client was restrained by oted to "calm" the client as his te staff and peers. Staff #2 havioral incident, the aused or the injury that may all from the behavioral episode. F TRAINING PROGRAM of demonstrate the skills and my to administer interventions propriate behavior of clients.	W 1	93	Staff received training psychologist on Client?		8/21/08
	Based on staff intenthe facility staff failed in implementation the one of one client being the findings include Interview with the Ho 2008 at approximate	not met as evidenced by: views and record verification, d to demonstrate competency e Behavior Support Plan for ng investigated. (Client #1)  buse Manager on August 19, ly 9:16 AM revealed that on ween 3:30 PM and 4:00 PM,		-			
					·		

NAME OF PROVIDER OR SUPPLIER  CMS  SITERFT ADDRESS, CITY, STATE, JP DODE 6217 16TH STREET, NW WASHINGTON, D.C. 20012  SALE SECRECATION OF DEPENDENCY OF DEPE		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE S COMPLI	ETED
CMS  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRICCIDED BY FULL RESULATIONY OR I.S. IDEMTHYNING INFORMATION)  W 193  Continued From page 12 and August 15, 2008 at 4:30 PM, Client #1 was aggressive and combative as he attempted to bite everyone in the home (staff and clients). The CMRP further stated that Staff #2 was observed to pull Client #1 away to keep him from biting and throwing objects. Continued interview with the CMRP revealed that as a safety precaution, all lamps were removed and all clients were asked to leave the room.  Staff #2 was interview on August 19, 2008 at 4:25 PM to ascortain how he managed the client during the behavioral episode on August 14, 2008 and August 15, 2008. The staff indicated on August 14, 2008 he held Client #1 from behind under his arm pits for 15 minutes until he calmed down. Further interview with Staff #2 vealed that on August 15, 2008. Client #1 was on his hands and knees attempting to bite others as he clocked in at 4:00 PM. He again held Client #1 from behind with both hands under his arm pits to keep him and everyone else from being bitten. Staff #2 stated that he did not redirect the behavior by offering Client #1 an alternative activity to engage in.  Staff #2 stated that he had received training on Client #1's Behavior Support Plan (BSP) during his orientation on August 1, 2008.  Review of Client #1's BSP dated May 8, 2008 on August 20, 2008 revealed the client's targeted behaviors are aggression (i.e. biting others) and PICA. Further review of the Staffs Servey and the client's targeted behaviors are aggression (i.e. biting others) and PICA. Further review of the Staffs Servey and the client's targeted behaviors are aggression (i.e. biting others) and PICA. Further review of the Staffs Servey and the client's targeted behaviors are aggression for the contraction of the contraction of the client's targeted behaviors are aggression.			09G223	B. WII	NG_			_
PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 193  Continued From page 12 and August 15, 2008 at 4:30 PM, Client #1 was aggressive and combative as he attempted to bitle everyone in the home (staff and clients). The QMRP further stated that Staff #2 was observed to pull Client #1 wasy to keep him from biting and throwing objects. Continued interview with the QMRP revealed that as a safety precaution, all lamps were removed and all clients were asked to leave the room.  Staff #2 was interview on August 19, 2008 at 4:25 PMt to ascertain how he managed the client during the behavioral episode on August 14, 2008 and August 15, 2008. The staff indicated on August 14, 2008 he held Client#1 from behind under his arm pits for 15 minutes until he calmed down. Further interview with Staff #2 revealed that on August 15, 2008. Client #1 was on his hands and knees attempting to bite others as he clocked in at 4:00 PM. He again held Client#1 from behind with both hands under his arm pits to keep him and everyone else from being bitten. Staff #2 stated that he did not redirect the behavior by offering Client #1 an alternative activity to engage in.  Staff #2 stated that he had received training on Client #1's Behavior Support Plan (BSP) during his orientation on August 1, 2008.  Review of Client #1's BSP dated May 8, 2008 on August 20, 2008 revealed the client's targeted behaviors are aggression (i.e. biting others) and PICA. Further review of the SSP revealed the		PROVIDER OR SUPPLIER		-	6:	217 16TH STREET, NW	<u> </u>	
and August 15, 2008 at 4:30 PM, Client #1 was aggressive and combative as he attempted to bite everyone in the home (staff and clients). The QMRP further stated that Staff #2 was observed to pull Client #1 away to keep him from biting and throwing objects. Continued interview with the QMRP revealed that as a safety precaution, all lamps were removed and all clients were asked to leave the room.  Staff #2 was interview on August 19, 2008 at 4:25 PM to ascertain how he managed the client during the behavioral episode on August 14, 2008 and August 15, 2008. The staff indicated on August 14, 2008 he held Client #1 from behind under his arm pits for 15 minutes until he calmed down. Further interview with Staff #2 revealed that on August 15, 2008, Client #1 was on his hands and knees attempting to bite others as he clocked in at 4:00 PM. He again held Client #1 from behind with both hands under his arm pits to keep him and everyone else from being bitten. Staff #2 stated that he did not redirect the behavior by offering Client #1 an alternative activity to engage in.  Staff #2 stated that he had received training on Client #1's Behavior Support Plan (BSP) during his orientation on August 1, 2008.  Review of the Staff's orientation records failed to support training in the management of Client#1's behavioral support plan.  Review of Client #1's BSP dated May 8, 2008 on August 20, 2008 revealed the client's targeted behaviors are aggression (i.e. biting others) and PICA. Further review of the BSP revealed the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
		and August 15, 200 aggressive and come veryone in the hor QMRP further state to pull Client #1 awa throwing objects. CQMRP revealed that lamps were remove to leave the room.  Staff #2 was intervied PM to ascertain how during the behaviora and August 15, 2004 August 14, 2008 he under his arm pits for down. Further intervithat on August 15, 2 hands and knees attaclocked in at 4:00 Pl from behind with both keep him and everyon staff #2 stated that he behavior by offering activity to engage in.  Staff #2 stated that he behavior his orientation on August 15 activity to engage in.  Review of the Staff's support training in the behavioral support processing the staff's support training in the behaviors are aggres PICA. Further review of PICA. Further review of PICA.	8 at 4:30 PM, Client #1 was abative as he attempted to bite he (staff and clients). The did that Staff #2 was observed by to keep him from biting and continued interview with the trace as a safety precaution, all did and all clients were asked by the managed the client all episode on August 14, 2008 at 4:25 or he managed the client all episode on August 14, 2008 at 4:25 or he staff indicated on held Client #1 from behind or 15 minutes until he calmed view with Staff #2 revealed 1008, Client #1 was on his tempting to bite others as he M. He again held Client #1 th hands under his arm pits to one else from being bitten. The did not redirect the Client #1 an alternative one had received training on Support Plan (BSP) during agust 1, 2008.  Is orientation records failed to be management of Client#1's clan.  Is BSP dated May 8, 2008 on ealed the client's targeted sion (i.e. biting others) and or of the BSP revealed the	W	193			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		09G223	B. WING_		09/05/				
NAME OF F	PROVIDER OR SUPPLIER	·	STREET ADDRESS, CITY, STATE, ZIP CODE 6217 16TH STREET, NW WASHINGTON, DC 20012						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE			
W 193	others as detailed to a. Redirect the clie he begins to escala in the following man b. If the client is no request or the initia to engage him in ar	nt to an ongoing activity when te, and respond, for example, nner, "[client], stop biting."  t responsive to the verbal activity, staff should attempt nother hands on activity.	W 193						
W 227	be moved to a safe his room.  Continued interview Staff #2 never imple understood the produced 483.440(c)(4) INDIV  The individual program objectives necessarias identified by the	op after 2-3 requests, he may ty zone, if he is not already in with the HM revealed that emented the BSP or fully active strategies.  //IDUAL PROGRAM PLAN ram plan states the specific by to meet the client's needs, comprehensive assessment to h (c)(3) of this section.	W 227	The BSP for Client #1 reviewed and revised to objectives to address behaviors. Staff will on the revised BSP.	o include targeted	10/15/08			
	Based on interview, facility failed to ensindividual program paddress targeted be.  The finding includes Interview with the Lon August 19, 2006 revealed that Client and Risperdal to as								
				<u>1</u>					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		09G223	B. WIN	G	C 09/05/2008
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 6217 16TH STREET, NW WASHINGTON, DC 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY)	N SHOULD BE COMPLETION DATE
W 227	Continued From pa	ge 14	W 2	27	
	that the psychotrop incorporated in a Bodated May 8, 2008,	dated August 2008 revealed ic medications was ehavior Support Plan (BSP) to address behaviors pression (i.e. biting, attempting			
W 252	August 20, 2008 retargeted behaviors and PICA. The platincorporate written to reduce the target	program objectives designed	W 2	52 The QMRP and Reside	ptiol Manager
VV 232	Data relative to acc specified in client in	omplishment of the criteria dividual program plan documented in measurable	VV 2.	will train the staf ting consistently a The QMRP/ Residenti will monitor docume	f on documen- nd accurately. al Manager
	10	·		1y.	10/10/0
	Based on staff inte facility failed to ense Program Plan (IPP)	s not met as evidenced by: rview, and record review, the ure that each client's Individual objectives are documented curately for one of one clients (Client #1)	,		
	The findings include	<b>2</b> ;	-		
W 266	behavioral episodes 2008 between 3:30 15, 2008 at 4:30 pn support plan require and the counselor(state) [See W193]	ram data failed to reflect s that occurred on August 14, PM and 4:00 PM, and August n. The client's behavioral ed that all behavioral episodes Staff )response be recorded.	W 2	266	

PRINTED: 09/24/2008

	•	& MEDICAID SERVICES	•						0		0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING							DATE SU COMPLE	IRVEY TED
	·	09G223	B. WING						C 09/05/2008		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE								
CMS					217 16TH VASHIN			112	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		(E CR	ACH COL	RECTIVERENCE	AN OF COP Æ ACTION D TO THE CIENCY)	SHOULD	BE	(XS) COMPLETION DATE
W 266	Continued From pa	ge 15	w	266	Cross	refe	ence	W274,	W276	, w278	,
	PRACTICES				W285,	W295					10/15/08
٠.		sure that specific client	,				· 			•	
·	Based interview and facility failed to devi policies and proced	s not met as evidenced by: If the review of records, the Blop and implement written United that govern the				-					
	W274]; failed to est the use of physical to ensure that prior restrictive technique had been tried [See	ablish policies that incorporate restraints [See W276]; failed to the implementation of more es, less intrusive techniques W278], failed to ensure that									
	behavior had been safeguards and sup safety, welfare and clients were adequa- failed to ensure that used unless it was	nage inappropriate client employed with sufficient pervision to ensure that the civil and human rights of ately protected [See W285]; t physical restraint was not a part of the individual (BSP)						· .			
W 274	the failure of the facility practices to 6 483.450(b)(1) MGM CLIENT BEHAVIOR The facility must de policies and proced	e systemic practices results in cilify to provided adequate ensure client safety.  IT OF INAPPROPRIATE  Velop and implement written ures that govern the ppropriate client behavior.	w	274			:				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION (X3) DAT	E SURVEY
	·	09G223	B. WII	NG_	······································	C 9/05/2008
NAME OF F	PROVIDER OR SUPPLIER			6	REET ADDRESS, CITY, STATE, ZIP CODE 217 16TH STREET, NW VASHINGTON, DC 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 274	This STANDARD is Based on interview failed to develop an and procedures that	s not met as evidenced by: and record review, the facility d implement written policies t govern the management of behavior for one of one Client	w:	274	The policy will be revised and implemented on safe restrainate techniques.	
W 276	2008 Client #1 exhit (combative, aggress others). Interview w client had to be rest Review of the facility procedure on safe re	On August 14th and 15th oited maladaptive behaviors sive and attempting to bite with the staff revealed that the rained until he was calmor's policy failed to addressed estraining techniques.	W 2	76		
	CLIENT BEHAVIOR Policies and procedumanagement of inaumust specify all facil manage inappropria	ures that govern the opropriate client behavior ity approved interventions to te client behavior.			The BSP for Client #1 will be reviewed and revised by the psychologist. A meeting will a scheduled with the Human Right Committee to review the BSP P.	s
	Based on interview a					
	interventions used to apart of the client's E	provide evidence that staff calm Client #1 down was Behavior Support Plan (BSP) wed by the facility's Human For example:				
	Staff #2 was intervie	w on August 19, 2008 at 4:25				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
·		09G223	B. WING					C 5/2008
NAME OF F	PROVIDER OR SUPPLIER			- 62	EET ADDRESS, CITY, 17 16TH STREET, N ASHINGTON, DC	iw		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRE CROSS-RÉFERE	S PLAN OF CORRECTION SHO NCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 276	PM to ascertain how during the behaviors and August 15, 200 August 14, 2008 he under his arm pits for down. Further inter that on August 15, 2 hands and knees at clocked in at 4:00 P from behind with bookeep him and every Review of Client #1' August 20, 2008 rev Support Directive", 1 support should not uprocedures that are	w he managed the client all episode on August 14, 2008 all. The staff indicated on held Client #1 from behind or 15 minutes until he calmed view with Staff #2 revealed 2008, Client #1 was on his tempting to bite others as he and the management of the All of the client #1 of the hands under his arm pits to one else from being bitten.  Is BSP dated May 8, 2008 on wealed under the "Circle of the Client #1's circle of use any of the following forbidden by facility's policy: all procedures/restraints for	Wa	276				
	had received training Support Plan (BSP) August 1, 2008. Re records dated Augustraining in the mana behavioral support p service training bool training in physical relationship to the Market Behavioral Service training to training in physical relationship training the use of more rest client's record docurrence of the use of more rest client's record docurrence of the use of more rest client's record docurrence of the use of more rest client's record docurrence of the use of more rest client's record docurrence of the use of more rest client's record docurrence of the use	GMT OF INAPPROPRIATE  vern the management of behavior must insure, prior to trictive techniques, that the ments that programs e of less intrusive or more have been tried systematically	W 2	78				

OTATELIER	- OF DEFICIENCES	ACCURATION OF COLUMN STREET	(VO) 1		DIE CONC	TOUCT			1	(3) DATE S	ID/ÆV
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIÉR/CLIA IDENTIFICATION NUMBER:	A. BU		IPLE CONS	TRUCH	ON 		COMPLETED		
		09G223	IR WING						C 5/2008		
NAME OF F	PROVIDER OR SUPPLIER			STF	REET ADDR	RESS, CI	TY, STAT	E, ZIP CÒ	DE		
CMS			3	217 16TH VASHING		-	12			- •	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(E/	ACH CO	RRECTIV ERENCEI	N OF COF E ACTION O TO THE CIENCY)	SHOUL	DBE	(X5) COMPLETION DATE
W 278	Continued From pa	ge 18	W:	278	Cross	refe	rence	W227		,	10/15/08
•	ì									*	
	,										·
	Based on interview failed to ensure that more restrictive technique.	s not met as evidenced by: and record review, the facility t prior to the implementation of hniques, less intrusive	,								
	techniques had bee behaviors.	n tried to address Client #1's							,		
	The finding includes	s:									
	2008 at approximat August 14, 2008 be	ouse Manager on August 19, ely 9:16 AM revealed that on tween 3:30 PM and 4:00 PM,									- ,
_	aggressive and con everyone in the hon	8 at 4:30 PM, Client #1 was nbative as he attempted to bite ne (staff and clients). The							-	,	
	to pull Client #1 awa throwing objects. C	d that Staff #2 was observed by to keep him from biting and continued interview with the it as a safety precaution, all					-				
		d and all clients were asked									- -
	PM to ascertain how during the behavior and August 15, 200	ew on August 19, 2008 at 4:25 v he managed the client al episode on August 14, 2008 8. The staff indicated on									·
	under his arm pits for down. Further inter that on August 15, 2	held Client #1 from behind or 15 minutes until he calmed view with Staff #2 revealed 2008, Client #1 was on his									
	clocked in at 4:00 P from behind with bo	tempting to bite others as he M. He again held Client #1 th hands under his arm pits to one else from being bitten.			-						
	Staff #2 stated that	he did not redirect behavior by alternative activity to engage					•				
1	•			.							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	-	09G223	B. WIN			1	C 5/2008
NAME OF F	PROVIDER OR SUPPLIER			6	REET ADDRESS, CITY, STATE, ZIP CODE 217 16TH STREET, NW VASHINGTON, DC 20012	1 00/0	<i>37</i> 2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 278	Continued From pa	ge 19	W 2	78	٠.		
		with the HM revealed that emented the BSP or fully active strategies.		•			
	(BSP) dated May 8, revealed that Client of Impulse Control I prescribed Risperdathe client's targeted biting others) and PBSP revealed that the	's Behavior Support Plan 2008 on August 20, 2008 #1's had an Axis I diagnosis Disorder, NOS and was al and Buspar to help manage behaviors are aggression (i.e. ICA. Further review of the he following proactive ess biting others as detailed					
	a. Redirect the clie he begins to escala	nt to an ongoing activity when te, and respond, for example, mer, "[client], stop biting."					, .
-	request or the initial	t responsive to the verbal activity, staff should attempt other hands on activity.	, ·				
-		op after 2-3 requests, he may by zone, if he is not already in					
W 285	reviewed on August 4:00 PM. The data least restrictive tech prior to Staff #2 rest by holding him from his arm pits during the 14, 2008 and August	T OF INAPPROPRIATE	W 2	85			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) M A. BUI		FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		09G223	B. WIN	NG_		•	L	5/2008
NAME OF PROVIDER OR SUPPLIER  CMS				6	REET ADDRESS, CITY, STATE, ZIP CO 5217 16TH STREET, NW WASHINGTON, DC 20012	DDE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOU	JLD BE	(X5) COMPLETION DATE
W 285	behavior must be e safeguards and sur	nage inappropriate client mployed with sufficient pervision to ensure that the civil and human rights of	W	285	Cross reference W227	and	W252	10/15/08
	Based on interviews failed to ensure that inappropriate client with sufficient safeg ensure that the safe	s not met as evidenced by: s and record review, the facility t interventions to manage behavior had been employed luards and supervision to ety, welfare and civil and ints were adequately						
	2008 at approximate August 14, 2008 be and August 15, 200 aggressive and come veryone in the hon QMRP further state to pull Client #1 away throwing objects. CQMRP revealed that	ouse Manager on August 19, ely 9:16 AM revealed that on tween 3:30 PM and 4:00 PM, 8 at 4:30 PM, Client #1 was abative as he attempted to bite ne (staff and clients). The d that Staff #2 was observed ay to keep him from biting and continued interview with the at as a safety precaution, all ad and all clients were asked						
	PM to ascertain how during the behaviors and August 15, 200 August 14, 2008 he under his arm pits for down. Further inter	ew on August 19, 2008 at 4:25 or he managed the client all episode on August 14, 2008 8. The staff indicated on held Client #1 from behind or 15 minutes until he calmed view with Staff #2 revealed 2008, Client #1 was on his				-		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G223	A. BUILDIN		C 09/05/2008
NAME OF F	ROVIDER OR SUPPLIER		6	REET ADDRESS, CITY, STATE, ZIP CODE 1217 16TH STREET, NW VASHINGTON, DC 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLÉTION
W 285	clocked in at 4:00 F from behind with bo keep him and every Staff #2 stated that	ge 21  Itempting to bite others as he  M. He again held Client #1  oth hands under his arm pits to  rone else from being bitten.  he did not redirect behavior by  a alternative activity to engage	W 285		
	(SA) was notified vi Incident Report (UII revealed that on Au Manager was inforr discovered with a b shoulder (injury of u	B at 2:46 PM the State Agency a facsimile of an Unusual R) from the facility that gust 18, 2008, the House ned that Client #1 was ruise on the right upper inknown origin). The bruise ches in length and 2 inches in			
W 295	used were not docu as required by the E Additionally, the investaff was not trained procedures/restrain facility's internal investigation frequency of the cliently kind could have behavioral episode.	de and intervention techniques mented in the client's records senavior Support Plan (BSP), estigation determined that the d in the use of manual ts. It should be noted that the estigation suggested that the ent's behaviors and injury of been sustained during a	W 295	Cross reference W276	10/15/08
	an integral part of a is intended to lead managing and elimi the restraint is appli				
		s not met as evidenced by: and record review, the facility			

AND PLAN OF CORRECTION DENTIFICATION NUMBER:				TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	٠.		A. BUILDII	NG	C	
k.		09G223	B. WING_	<u> </u>	09/05/2008	
NAME OF P	ROVIDER OR SUPPLIER		(	REET ADDRESS, CITY, STATE, ZIP CODE 5217 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
W 295	Continued From pa	ge 22	W 295			
	failed to ensure that used unless it was a program plan (IPP)	t physical restraint was not a part of the individual Behavior Support Plan (BSP) as being investigated.				
	The finding includes	Σ.			•	
W 331	physical restraints v #1's Behavior Supp	ensure that the use of vas specified within the Client ort Plan (BSP) to control the behaviors. [See W193,	W 331			
·		ovide clients with nursing nee with their needs.				
	Based on observation verification, the facilities establish systems to monitoring in according to the systems.	s not met as evidenced by: ons, interview, and record ity's nursing services failed to o provide health care lance with client's needs for the investigation. (Client #1)				
•	The finding includes	£.				
	Client #1's right upp with an abrasion tha length and a half inc	at approximately 8:35 AM er shoulder was observed it measured one 2 inches in in width. The abrasion with some bruising around the				
	on August 19, 2008 August 18, 2008 at a #1 informed him of 0	cility's House Manager (HM) at 9:07 AM revealed that approximately 7:45 AM, Staff Client #1's bruise shoulder. M revealed that during the				

<u> </u>	MOTOR WILDIOAIN	G MILDIOAID SERVICES		<del></del>	CIAID 14C	. 0000-000
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUILI	JETIPLE CONSTRUCTION DING	(X3) DATE S COMPL	ETED	
,		09G223	B. WING	G <u>:</u>	09/0	C 05/2008
NAME OF PROVIDER OR SUPPLIER  CMS				STREET ADDRESS, CITY, STATE, ZIP COI 6217 16TH STREET, NW WASHINGTON, DC 20012	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	SHOULD BE	(X5) COMPLETION DATE
W 331	revealed that the br	n initiated on August 18, 2008, uise was first observed by the aff #2) on August 15, 2008	W 33	31 Cross reference W149		10/15/08
	Qualified Mental Re (QMRP) who was a Medication Employed The QMRP/TME co Nurse (RN) who insto the wound. Althoureated the wound y document such treated.	B at 9:24 AM, the facility's stardation Professional lso the facility's Trained se (TME) was interviewed nsulted with the Registered tructed her to apply Neosporing she indicated that she with neosporin, she failed to atment in the clients records or administration Record (MAR).				
	at approximately 9:5 verbally instructed the treatment to Client #18, 2008 at 3:20 PM "offsite" nurse's office assessed by the RN inch x I inch superfice was reassessed on determined not be a	cility's RN on August 19, 2008 59 AM confirmed that she he TME to administer 41 right shoulder. On August 11, the client was seen at the ce. At that time, the client was I and was found to have a 2 cial laceration. The laceration August 19, 2008 and a superficial. The nurse ould have been caused by burn.				
-	treatment, the treatr	the wound documentation nent and status of the wound, ne nursing staff should have client's record.				
	2008 at 6:15 PM rev medications to Clien and 18, 2008. Furth	vening LPN on August 19, vealed that he administered at #1 on August 15, 16, 17, her interview revealed that ed any injuries to Client #1's				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G223	B. WING		C 09/05/2008	
NAME OF P	PROVIDER OR SUPPLIER		<b>6</b>	REET ADDRESS, CITY, STATE, ZIP CODE 5217 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLÉTION	
W 331	LPN was made awa his right shoulder ef was no indication th	er the morning and evening are of the Client #1's injury to ffective August 19, 2008, there	W 331			
	August 20, 2008 at protocol. According nurse note should ir or incident, objective plan or treatment, retreatment and any furning staff [AM/PI	's medical records book on 2:21 PM revealed a nursing to the nursing protocol, "the nclude date and time of illness e and/or subjective findings, esidents's response to follow up needed". "The MJ need to monitor the nent finding until the condition				
W 382	implemented the facensure that Client # wound care. 483.460(I)(2) DRUGRECORDKEEPING	ep all drugs and biologicals	W 382			
	Based on observation administration, the fi	s not met as evidenced by: on of the medication acility's medication nurse biological and drugs were ing prepared.				
,	The finding includes	' .			,	
	Observation on Aug	ust 20, 2008, between the				

To: 2024429430

10/11/2008 03:37

#814 P. 027/039

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
•		09G223	B. WING		09/05	5/2008
NAME OF P	ROVIDER OR SUPPLIER		6	REET ADDRESS, CITY, STATE, ZIP CODE 217 16TH STREET, NW VASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 382	combination lock th medication file was	ge 25 nd 4:00 PM revealed that the at was used to secure the hanging on an unlock file he dining area. Further	W 382	In the future, the nurs will receive disciplina for not securing medica inet. Cross reference W	ry action tion cab-	10/15/08
	observation revealed period, Client #2 was and Client #4 and usere walking back/ficabinet. Approximate Manager was observations. In interview was required to be medications were more evidence that the	the diffinity and at the diffinity at the diffinity table inlicensed direct care staffs forth pass the medication ately 4:05 PM, the House right the Licensed Practical gust 20, 2008, it was the medication file cabinet locked at all times when ot being prepared. There was attions were not being				
	prepared.	auona were not being				
· .						·

From:

Health Regulation Administration

To: 2024429430

10/11/2008 03:37

#814 P. 028/039

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDII		(X3) DATE SU COMPLE	TED	
	•	09G223		B. WING_		09/0	5/2008
NAME OF P	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
CMS			6217 16TH WASHING	STREET,	NW 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 000	INITIAL COMMEN	rs		1 000			
	(SA) was notified vincident Report (UI revealed that on Au Mangager was info discovered with a b	8 at 2:46 PM the Statia facsimile of an Uni R) from the facility the Igust 18, 2008, the F Irmed that Client #1 voruise on the right up se was measured 3 is in width.	usual nat louse was per				
	conducted on Augu- facility's incident massess Client #1's investigation, the Superson resulted in a Condition of Gover Client Protections. Qualified Mental Resulting (QMRP) on August 5:50 PM of the currup QMRP immediately include: conducting each shift; the facility incident incid	A determined that the Client #1's one on ordeficient practices in ning Body & Manage The SA surveyor notated at the SA surveyor at findings. At 6:00 in implemented systems at the SA surveyor Psychologist contated at the SA surveyor SA supportion of SA surveyor SA survey	ine the and to the the ement and otified the ral mately D PM, the ms to e end of nducted				
	The results of the interviews with 1:1 Also the findings w client's medical rec administrative reco	nvestigation were ba staff and administrat ere based on the rev ord, and the facility's rds; including incide	tive staff: view of the s nt reports.				
	SPACE  Each window shall shades or blinds, w good repair.	MENTAL REQ / USE be supplied with cur hich are kept clean,	tains, and in	1022	ve Propostan Ding	· ·	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

42OZ11

If continuation sheet 1 of 12

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED .
		09G223		B. WING _		_	5/2008
NAME OF P	ROVIDER OR SUPPLIER	000220	STREET ADD	RESS, CITY,	STATE, ZIP CODE		
CMS	· ·		6217 16TH WASHING	STREET, I TON, DC 2	NW. 0012 		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	QULD BE	(X5) COMPLETE DATE
I 022	Continued From pa	ige 1		1 022			`
	Based on observati	met as evidenced by ion and interview, the nds and curtains at ea	GHMRP		1. The front door windonished with curtains. 2. All torn blinds will	. be re-	8/26/08
	The findings include			i	placed with new blinds.		8/26/08
	PM, an outside per- the facility through to on the front door. I Mental Retardation acknowledged that	2008 at approximately son was observed to the window openings nterview with the Qu Professional (QMRF window openings on hished with shades, control of the professional (QMRF window openings on the professional (QMRF window openings) or the	peak into located alified the front				
	2. The blinds leading observed to be torn	ng to the upstairs wa ı.	s				
l 165	3507.4(c) POLICIE	S AND PROCEDUR	ES	l 165			
	The manual shall in procedures for at le	ncorporate policies a east the following:	nd	•	1. Cross reference W104	<b>4</b>	9/12/08
,·	and evacuation, inf	ty, which covers fire ection control, medic ergency and the deat	ation, and		2. Cress reference W149	)	10/10/08
	Based on staff inter facility failed to esta	met as evidenced by rview and record reviablish and implement h and safety for Clier	ew, the t policies				
	The finding include  1. The facility failed	d to implement its po	licies and				
lealth Regul	procedures for reposition Administration	orting incidents of inj	ury of			•	
TATE FOR		•	6	899	42OZ11	If continual	tion sheet 2 of 12

#814 P. 030/039

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STATEMEN AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION G	(X3) DATE SU COMPLET C	TED
		09G223	070557400	DESC CITY	STATE, ZIP CODE	<u></u>	
NAME OF P	ROVIDER OR SUPPLIER	;	6217 16TH WASHING	STREET,	NW		
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
I 165	Continued From pa unknown origin. [S	iee W153] boody failed to ensure	that the	I 165			
	facility's nursing sta in accordance with being investigated.	aff provided nursing the needs one of on [See W331]	services e client				
1 202	description, which	shall have a written jo details each of his or	· her major	1202	The QMRP/ Residenti	oyee to revie	w
	Control.  This Statute is not Based on staff inte GHMRP failed to e provided job described.	d duties and supervis t met as evidenced be erview and record revensure that all staff w iptions as required by	y: riew, the as		and sign job descrip	tion annually	· 8/23/98
	on one staff (s) red	es: d to ensure that Clien ceived a copy of their hich detailed each of esponsibilities as evi	r written f his/her				
	the role and respo reviewed. The rol one staff are to im	08 at approximately 3 nsibilities for Client # es revealed Client # plement the following	f1 was 1's one on g rules:				
	Client #1 at all tim  b. Staff (s) identif #1 will not have ar	aff must remain in arr es. ied, as the one on on ny other responsibiliti home or for any othe	ne for Client ies to any			· .	

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI	PLE CONSTRUCTION G	COMPLE	(X3) DATE SURVEY COMPLETED C	
		09G223		B. WING _	. <u> </u>	1	5/2008	
NAME OF F	PROVIDER OR SUPPLIER		6217 16TI	DRESS, CITY, S 1 STREET, I STON, DC 20			,	
,		<u>.</u>	L		PROVIDER'S PLAN OF COF	PECTION	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
1 202	Continued From pa	ge 3		1 202				
	the home unless Cl	lient#1 is involved in	the task.					
	reach of Client #. It one staff has to lead bathroom, take a br person is responsible is supervised prope	staff must always in for any reason the over the client (i.e. use reak), the one on one ole for ensuring that overly by another staff persponsibilities exceptant time.	one on the the staff Client #1 person					
	and training of Clier to all program imple (behavioral and hat medical/dental othe	staff is responsible for #1 including but no ementation/documentalitation), personal her appointments, incirement in community of the home.	ot limited Itation ygiene, dent					
	the implementation #1's daily schedule, documentation, who	staff is fully respons and documentation, IPP, including seizu eelchair protocol and res and techniques o	of Client ire I other					
	reporting and docuit to the Home Manag	staff is responsible for menting any and all o ger and/or QMRP as nd nurses in a timely	concerns well as					
	g. The one on one as related to Client	will be assigned oth #1	er duties			,		
	at approximately 3: one staff (s) assign of the rules for Clie responsibilities. Re	IM/QMRP on August 30 PM revealed the ed to Client #1, sign nt #1 duties and eview of the personn oks on August 21, 20	all one on ed a copy el and in					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA · MBER:	A. BUILDING	PLE CONST	RUCTION	<del></del>	(X3) DATE SI COMPLE	TED
		09G223		B. WING _				09/0	5/2008
NAME OF P	ROVIDER OR SUPPLIER		6217 16TH	RESS, CITY, S I STREET, N TON, DC 20	<b>1</b> M	CODE	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(FA	PROVIDER'S PLAI CH CORRECTIVE SS-REFERENCED DEFIC	EACTION SHO	DULD BE	(X5) COMPLETE DATE
1 202	Continued From pa	ge 4		1 202					
	approximately 4:05 one on one staff (s) descriptions detailir evidence that all of	PM revealed only or had signed the job og their duties. There Client #1's one on or e opportunity to revie	e was no ne staff						
l 229	3510.5(f) STAFF TI	RAINING		1229	Cross	reference	W227		10/15/08
	Each training progr limited to, the follow	am shall include, but ving:	not be						
	residents to be served.	related to the GHMR yed including, but no ement, sexuality, nu mmunications, and a	t limited trition,						
	Based on staff intel the GHMRP staff fa competency in impl	met as evidenced by views and record vehiled to demonstrate lementation the Behale of one client being at #1)	rification, avior						
	The findings include	e:		, -				•	
	2008 at approximate August 14, 2008 be and August 15, 200 aggressive and combite everyone in the The QMRP further observed to pull Clibiting and throwing with the QMRP rev	louse Manager on A sely 9:16 AM revealed ween 3:30 PM and 8 at 4:30 PM, Client abative as he attempe home (staff and cliestated that Staff #2 vent #1 away to keep objects. Continued ealed that as a safet to leave the room.	d that on 4:00 PM, #1 was pted to ents). was him from interview						

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· icaiui f	<u>Regulation Administ</u>	ation		1.			150 450			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		1	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED .			
	-			A. BUILDING B. WING		00/04	5/2008			
	AND	09G223	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1	3/2000			
CMS	PROVIDER OR SUPPLIER		6217 16TI	6217 16TH STREET, NW WASHINGTON, DC 20012						
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	S (FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETÉ DATÉ			
1229	PM to ascertain he during the behavior and August 15, 20 August 14, 2008 hunder his arm pits down. Further interest on August 15 hands and knees clocked in at 4:00 from behind with kkeep him and eve Staff #2 stated the Client #1's Behavior his orientation on Review of Client # August 20, 2008 he haviors are agging PICA. Further reviolity others as detailed a. Redirect the client period of the begins to escain the following minus to engage him in a c. If he does not be moved to a sahis room.	view on August 19, 20 ow he managed the coral episode on August 108. The staff indicate held Client #1 from for 15 minutes until lerview with Staff #2 re, 2008, Client #1 was attempting to bite oth PM. He again held Cooth hands under his ryone else from being at he had received trains or Support Plan (BSF August 1, 2008.  Et's BSP dated May 8 evealed the client's tagression (i.e. biting otherword the BSP revealed tree of procedures to addression to the BSP revealed the client's tagression (i.e. biting otherword tree of the BSP revealed treestores to addression to the BSP revealed treestores to addression treestores t	stient st 14, 2008 ted on he behind he calmed evealed on his hers as he client #1 arm pits to g bitten.  sining on b) during  3, 2008 on argeted hers) and hers biting tivity when r example, biting."  verbal ld attempt tivity.  ts, he may already in heled that	1 229						

#814 P. 034/039

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Health R	Regulation Administra	ntion			· -						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULT		STRUCTIO	N	<u>-</u>		DATE SU COMPLE	TED
		nn annai		B. WING _					ŀ	-	5/2008
<u>.</u>		09G223	STREET ADD	DRESS CITY.	STATE. ZI	P CODE		-	<del></del>		
NAME OF P	ROVIDER OR SUPPLIER			STREET,				•			
CMS	·		WASHING	TON, DC 2	0012						1 0.0
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(E CR	FACH COR	RECTIVE	AN OF COR E ACTION D TO THE CIENCY)	SHOULD I	BE IATE	(X5) COMPLETE DATE
1 229	Continued From pa	ge 6		1.229					•		
	Review of the Staff support training in t behavioral support	s orientation records he management of C plan.	failed to Client#1's	. '	-	-			٠	ı	
1 379	3519.10 EMERGE	NCIES		1379						_	
	each GHMRP shall Health, Health Faci unusual incident or interferes with a res	porting requirement notify the Departme dities Division of any event which substar sident 's health, welf being or in any other	nt of other itially are, living		Cross W149	reiei	enc.e	W104,	W148,	and .	10/15/08
-	places the resident be made by telepho followed up by writt	at risk. Such notification immediately and the notification within urs or the next work	ition shall shall be							,	
-											
	Based on interview GHMRP failed to e origin are reported and government ag	met as evidenced by and record review, to and record review, to sure that injuries of to the facility's admir gencies as required by MR Chapter 35 Section 15	he unknown histrator by DC					· ·	-	, .	
	The findings includ	<b>e</b> :									
· ·	Agency (SA) was n Unusual Incident R 2008. The UIR rev was informed that a bruise on the righ	8 at 2:46 PM, the State of the	of an ugust 18, e Manager ered with jury of		-						
	Interview with the f	acility's House Mana 8 at 9:07 AM reveale	ger (HM) d that						· · · · · · · · · · · · · · · · · · ·		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUMBER	R/CLIA MBER:	(X2) MULTIF	PLE CONSTRUCTION		DATE SU COMPLET	red )
		09G223		B. WING _		- [ .		/2008
NAME OF P	ROVIDER OR SUPPLIER	3,42	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
.CMS		·		STREET, N				· .
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD E THE APPROPRI	BE ATE	(X5) COMPLETE DATE
l 379	Continued From pa August 18, 2008 at	ge 7 approximately 7:45 / n that Client#1 was	AM, Staff	1379	. •		-	
	with a bruise on his approximately three inches in width. Int Retardation Profes	upper right shoulder inches in length and erview with Qualified sional (QMRP) on Au	that was I two Mental Igust 19,					·
	her of Client #1's in 8:24 AM. Further in that during internal August 18, 2008, S Client #1's upper in	vealed that the HM in jury on August 18, 20 nterview with the HM investigation initiated taff #2 first observed ght shoulder on Augu- ower at approximately	008 at revealed I on the injury ist 15,					
	PM revealed that o 7:30 PM and 7:45 P "burn/scrape" on C Further interview re	#2 on August 19, 20 n August 15, 2008 be PM, Client #1 observe lient #1's right should evealed that he did no the nurse or manage	etween ed with a ler, ot report					
	PM revealed that o approximately 12:2 Client #1's right sho clothes. Further in see Client #1's skir Staff #4 stated that because he though	#4 on August 19, 20 n August 16, 2008 at O AM he saw a scrap oulder while changing terview revealed that n, but it was very clea he did not report the t it was old. Staff #4 ws he should have ha to management.	e on particular on the could on and dry. It injury further					
	approximately 6:00 17, 2008 at approx the injury to Client a changing his shirt.	#6 on August 19, 20 PM revealed that on imately 3:00 PM, he #1's right shoulder w Further interview rev as an old mark. Sta	i August observed /hile /ealed					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		09G223		B. WING _		09/0	5/2008
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	•	Ì
CMS				STREET, NOT CONTROL OF THE CONTROL O	0012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
1 379	Continued From pa	ige 8		1 379			,
	stated that he did n	ot report the injury.				٠	
	6:15 PM revealed t to implement the in which required staf	v with the HM at appoint that Staff #2, #4, and cident management for immediately notificately for serious injur	#6 failed policy, fy				
	dated November 1 approximately 3:40	ent Management Po 1, 2006 on August 20 PM revealed the followed once an is been observed:	); 2008 at Nowing				
	Any staff not report	Il 24 hours a day by p ing within a 24 hour ligent and can be gro	period will				
	Follow RN instruction Unusual Incider Concern Form.	uctions and documer nt Report Form or He	nt facts on ealth	-			
	3. Notify the QMRI Evening/Night Man	P, Residential Manag ager.	ger,				
	nurse, and/or admi Director was imme	ence that the facility's nistrator, and/or Productely notified within ndicated in the IMP.	gram				
	hour 1:1 services.	e noted that Client # It should be further i 3 are 1:1 support sta	noted that				
	2. Also See Feder Citation W148 and	al Deficiency Report I W149	Citation -			· · · · · ·	

FORM APPROVED

пеаш н	Regulation Administra	ation					· -
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
•	8	09G223		B. WING _	<del></del>		, 5/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CMS				H STREET, I STON, DC 2			
(X4) ID PREFIX TAG	(EACH DÉFICIENC)	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
i 401	Continued From pa	ge 9	ï	1401		1.2	
I 401	3520.3 PROFESSI PROVISIONS	ON SERVICES: GEI	NERAL -	. I 401			,
	and evaluation, incl	es shall include both uding identification o	of		Cross reference W149	-	10/10/08
	services, and services	els and needs, treatmoses designed to prevoler loss of function to	ent '				
	Based on observati verification, the faci establish systems t monitoring in accor	met as evidenced by ons, interview, and relity's nursing service o provide health care dance with client's not the investigation. (C	ecord s failed to e eeds for				
	The finding include	S:					
	Client #1's right upp with an abrasion the length and a half in	B at approximately 8: per shoulder was obset measured one 2 in ch in width. The about the some bruising a	served nches in asion				,
	August 19, 2008 at August 18, 2008 at #1 had informed hir with a bruise on his approximately three inches in width. Fu	ecility's House Mana 9:07 AM revealed th approximately 7:45 in that Client #1 was upper right shoulded inches in length and orther interview with the	nat on AM, Staff observed r that was d two he HM				
	on August 18, 2008 injury Client #1's rig	g internal investigation, Staff #2 first obser iht shoulder on Auguim a bath at approxi	ved the ust 15,				
	Interview with the fa	acility's Qualified Me	ntal				

Health Regulation Administration

#814 P. 038/039

FORM APPROVED

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		09G223	•	B. WING_	· · · · · · · · · · · · · · · · · · ·	09/05/2008
NAME OF F	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
CMS				STREET, STON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRÉCEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
1401	Continued From page	ge 10		l 401		
	Medication Employed AM revealed that sh treatment [Neospori after consulting with Nurse. Further inter document Client #1*	ional who is a Traine se on August 19; 200 se applied standard F n] to Client #1's right the facility's Register view revealed she d s treatment to the rig dication Administration	08 at 9:24 First Aid t shoulder Pred id not			
	Interview with the fa 2008 at approximate she verbally instruct treatment to Client # 18, 2008. The RN rassessed and was fi superficial laceration 1 inch in width to his to the nurse's office PM. Further interviewas an abrasion and which appeared to his kind of carpet burn.	ely 9:59 AM confirmed the TME to admired the TME to admire the revealed that Client to be a line of the count to had a 2 inchanged and appropriate the count of the county	ed that hister August #1 was eximately g his visit at 3:20 injury ceration			
	When asked by the injury, the RN stated staff should have do nurse's progress not the response to the imedical record.	that the [AM/PM] nu cumented progress of es of the treatment of	ursing on the given and			
	Interview with the ev 2008 at 6:15 PM revenue and 18, 2008. Further staff never mentioner ight shoulder. After LPN was made award his right shoulder effects on indication that ton Administration	ealed that he adminit #1 on August 15, 1 er interview revealed any injuries to Clie the morning and ever of the Client #1's interview August 19, 20	stered 6, 17, I that int #1's ening njury to			

420711

Health Regulation Administration

PKINTED: 09/24/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	· · · · · · · · · · · · · · · · · · ·	09G223		B. WING		09/05/2008	
NAME OF F				DDRESS, CITY, STATE, ZIP CODE			
CMS	CMS 6217 161 WASHIN			TH STREET, NW GTON, DC 20012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
1401	Continued From page 11			I 401			· · · · · · · · · · · · · · · · · · ·
± 1	documented his progress in the client's medical records.						
	Review of Client #1's medical records book on August 20, 2008 at 2:21 PM revealed a nursing protocol. According to the nursing protocol, "the nurse note should include date and time of illness or incident, objective and/or subjective findings,						
	plan or treatment, re	esidents's response ollow up needed". "T M] need to monitor th	to The ne				
·	There was no evidence that the nursing staff implemented the facility's nursing protocol.					•	
1 500	3523.1 RESIDENT'S RIGHTS			1,500			
	Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.			Cross reference W149, W1 and W156	.53, W15.	10/15/08	
	This Statute is not n Based on observation review, the GHMRP resident's rights were accordance with D.C and other applicable	on, interview and reco failed to ensure each e observed and prote thaw 2-137, this ch	ord h ected in apter			, ·	
	The findings include:						
	(See Federal Deficie W153, W155, and V	ncy Report Citations V156)	W149,				·
	tion Administration						